



New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	X	Forms	
Chapter:	A	Forms	07-12-2010
Subchapter:	1	Forms	
Issuance:	11.29	CP&P Form 11-29, Psychologist Certification	

Click here to view or print the CP&P Form [11-29](#).

POLICY

CP&P claims Federal Financial Participation (FFP) when purchasing mental health/psychological services for clients who are Title XIX (Medicaid) recipients. When providing mental health services to client families, CP&P strives to make as many claims for reimbursement as possible under this program. Psychologists are asked to complete CP&P Form 11-29 when entering into open purchase contract with CP&P. (Psychiatrists or neurologists are asked to complete CP&P Form [11-28](#), Psychiatrist Certification, in accordance with its instructions.)

For CP&P to make an FFP claim, the provider must be both a licensed practicing psychologist in New Jersey (or in the State in which he or she practices), AND certified by CP&P as a specialist in treating abused and/or neglected children, their parents and families. The provider's designation as a "specialist" is based on his or her professional experience, training, and skills, with that experience, training, and skill documented on CP&P Form 11-29.

Note: This policy pertains to actions taken by CP&P when contracting with individual providers. If a provider is part of a "professional group," request that each psychiatrist, neurologist or psychologist in the group complete CP&P Form [11-28](#), Psychiatrist Certification, or CP&P Form 11-29, Psychologist Certification, as applicable, to facilitate CP&P FFP claiming.

PURPOSE AND USE

The Psychologist Certification, CP&P Form 11-29, is used to document that psychologists who serve CP&P clients are "specialists," i.e., hold expertise in treating abused and/or neglected children, their parents and families. The form serves to justify that CP&P, when purchasing services from such a specialist, is eligible for FFP. CP&P Form 11-29, once completed, is attached to the provider's contract Annex A (used with individual provider agreements) and filed in the provider's contract packet.

INSTRUCTIONS FOR COMPLETING THE FORM

GENERAL INSTRUCTIONS

The Area Office Contract Administrator forwards the CP&P Form 11-29 to psychologists who are entering into open purchase contracts with the Division.

Psychologists complete CP&P Form 11-29 when completing a contract Annex A. By signing CP&P Form 11-29 the provider certifies that the information contained therein is accurate.

Attach the provider's license to practice psychology to CP&P Form 11-29.

SPECIFIC INSTRUCTIONS

A psychologist entering into an open purchase contract with CP&P completes the top of CP&P Form 11-29, the certification, sections 1 and 2, and signature/date as follows:

"I, (NAME OF PSYCHOLOGIST) DO CERTIFY. . . ." The provider enters his or her name.

". . . OR BY _____, WHICH IS THE COMPARABLE STATE AGENCY. . ." The provider enters the name of the State agency that issued and monitors his or her license to practice psychology.

CHECK ALL THAT APPLY The provider enters a check in all the following categories that apply, to reflect his or her experience, training, skills or specialty in treating children, parents and/or families:

_____ Sexual abuse (treatment for child victims, adults victimized as children, perpetrators, enablers, families);

_____ Family dysfunction, parent/child conflict;

_____ Drug or alcohol dependency;

_____ Parent effectiveness;

_____ Domestic violence/battered women syndrome;

_____ Anger management;

_____ Disorders, such as anxiety, depression, adjustment, conduct, obsessive/compulsive, eating disorders;

_____ Oppositional behavior, delinquency;

- _____ Phobias;
- _____ Adoption related issues (identity, abandonment, separation, grief);
- _____ Children of alcoholics;
- _____ School adjustment, peer relationships.

SIGNATURE The provider signs his or her name to certify that the information entered in CP&P Form 11-29 is true.

DATE The provider enters the date he or she signed CP&P Form 11-29.

THIS SECTION FOR CP&P USE

A CP&P Area Office Contract Administrator enters the following:

CONTRACT NUMBER Enter the contract number issued to the provider. (Ensure the contract number corresponds to other materials in the provider's contract packet.)

EFFECTIVE DATES Enter the effective dates of the contract - starting date and termination/renewal date.

DISTRIBUTION

- Original - File in provider's contract packet, kept at the Area Office
- Copy - Provider (psychologist)